



Plan Summary

Planning Year _____

Facility Name _____

DEP Facility ID Number _____

A separate form for each covered toxic is required

A. Facility-Wide Data

Important:

When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



1. Chemical Name _____

2. CAS # _____

Changes from prior plan (Total lbs.):

Two Year

Five Year

Use

3. Use _____

4. Use _____

Byproduct

5. Byproduct _____

6. Byproduct _____

7. Is this chemical used only in wastewater treatment? ☐ Yes – skip to Section C.
☐ No – go to Section B.

B. Production Unit Level Data

Production Unit	Two Year Projected BRI From Base Year	Five Year Projected BRI From Base Year	TUR Technique Code(s)							
1a	1b	1c	1d	1e	1f	1g	1h	1i	1j	
2a	2b	2c	2d	2e	2f	2g	2h	2i	2j	
3a	3b	3c	3d	3e	3f	3g	3h	3i	3j	
4a	4b	4c	4d	4e	4f	4g	4h	4i	4j	
5a	5b	5c	5d	5e	5f	5g	5h	5i	5j	
6a	6b	6c	6d	6e	6f	6g	6h	6i	6j	

Section C is optional.

C. Additional Information

You may use the following section to provide more information about your TUR Plans and/or progress.

